## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

- (a) My residence, post office address and citizenship are as stated below next to my name.
- (b) I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## SAW GUIDE APPARATUS

the specificat				
	] is attached hereto.	,	as Application Serial No.	
-			(if applicable).	
(a) I horoby state		•	ents of the above identified	
	cluding the claims, as am			
	the duty to disclose info 7, Code of Federal Regula		erial to patentability as	
any foreign application identified below any	tion(s) for patent or inv	entor's certificate( patent or inventor'	ited States Code, §119 of s) listed below and have also s certificate having a filing :	
Prior Foreign Appli	cation(s)		Priority Claimed [ ] Yes [ ] No	
(Number)	(Country)	(Day/Month/Year fil	ed) [ ] Yes [ ] No	
(Number)	(Country)	(Day/Month/Year fil	ed)	
provided by the firmaterial information between the filing date of this applications.	n as defined in Title 37, date of the prior applica ation:	U.S. Code, §112, I Code of Federal Reg tion and the nationa	acknowledge the duty to disclose ulations, §1.56 which occurred l or PCT international filing	
(Application S	er. No.) (Filing Date	) (Status-patente	d, pending, abandoned)	
	point the following attor ent and Trademark Office		s application and transact all	
	JOHN K. McCULLOCH	- Reg. No. 17,452		
SEND CORRESPONDENCE	E TO:	DIRECT TELEPHON	E CALLS TO:	
McCulloch PLC 5291 Colony Drive North Saginaw, Michigan 48603		John K. McCull	John K. McCulloch	
		(989) 792-2500	(989) 792-2500	
statements made on statements were mad punishable by fine	information and belief ar e with the knowledge that or imprisonment, or both, willful false statements	e believed to be tru willful false state under Section 1001	edge are true and that all e; and further that these ments and the like so made are of Title 18 of the United States alidity of the application or	
Signature Patrice	to I Caughlin,	Signature		
Date:	0 0 9/19/0	3 Date:	9/19/103	
	k J. Caughlin ng, Michigan USA		mond J. Schihl /// dén, Michigan USA	
City, State, Zip:	Flushing, Michigan 48433			
Citizenship: USA		Citizenship:	USA	
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[X] Additional names and signatures are attached

Page 1 of 2

Signature Shuther When	Signature
Date: Full Name: Zenith W. Anson Residence: Flint, Michigan USA City, State, Zip: Flint, Michigan 48532 Country: USA Citizenship: USA P.O. Address: 6365 Stonegate Parkway Flint, Michigan 48532	Date: Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:
Signature	Signature
Date: Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:	Date: Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:
Signature	Signature
Date: Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:	Date: Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:
Signature	Signature
Date: Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:	Date: Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:
Signature	Signature
Date: Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:	Date: Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:
Signature	Signature
Date: Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address:	Date: Full Name: Residence: City, State, Zip: Country: Citizenship: P.O. Address: